I				<u> </u>									
PATENT APPLICATION EE DETERMINATION RECORD Application or Docket Number Effective December 8, 2004													er
CLAIMS AS FILED - PART I													
(Column 1) (Column 2)							_	SMALL EN	YIITY	OR	OTHER SMALL		
U.S	S. NATIONAL	STAGE FEES						RATE	FEE	7	RATE	T	EE
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE	150	OR		+	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations = \$ 100 / \$ 200			EXAM. FEE	1///	1	EXAM. FEE	+-	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE	2000		SEARCH FEE	十	
FEE FOR EXTRA SPEC. PGS.				minus 100 =	/ 50 =			X \$ 125 =	1	1	X \$ 250 =	†	
TOTAL CHARGEABLE CLAIMS			4	minus 20 =				X \$ 25 =		OR	X \$ 50 =	+	
INDEPENDENT CLAIMS			11	minus 3 =	. –			X \$ 100 =		OR	X \$ 200 =	1	
		DENT CLAIM PR						+ \$ 180 =	b 1	OR	+\$360=	\vdash	
* If the difference in column 1 is less than zero, enter *0" in column 2						olumn 2		TOTAL	42	OR	TOTAL		
		OLAIMO AC	ARGEN	DED DADS	- ••								
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)								SMALL E	ENTITY	OR	OTHER SMALL I		
AMENDMENT A	3/3/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENTA EXTRA		RATE	ADDI- TIONAL IFEE		RATE	ADI TION FE	NAL
	Total	. 6	Minus	- 2	0	=		X \$ 25 =		OR	X \$ 50 =	#	†
	Independent	. /	Minus	***	3	a l		X \$ 100 =		OR	X \$ 200 =	-	+-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$180=		OR	+ \$ 360 =		+
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		+
		(Column 4)									FEE .	+	7
		(Column 1) CLAIMS		(Cotum	-,	(Column 3)	ſ						_
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEI	KAL
	Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =		\exists
	Independent	•	Minus	***		=	ı	X \$ 100 =		OR	X \$ 200 =		\dashv
	FIRST PRESENTATION OF MULTIPLE DEF			DEPENDENT C	LAIM		ı	+\$.180 =		OR	+ \$ 360 =	-	ᅦ
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		ᅥ
											ree [ᆿ
	If the "Highest Nu	mn 1 is less than the mber Previously Paid	For IN T	HIS SPACE is less	מכי מגלו	enter "20"							1
	If the "Highest Nu	mber Previously Paid ther Previously Paid	FOT IN T	HIS SPACE IS less	than '3'.	enter "3".	n the	appropriate box	in cotumn 1.				

FORM PTO-875 (Rev. 02/2005)

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